



City Health Information

October 2005

The New York City Department of Health and Mental Hygiene

Vol. 24(6):35-38

INFLUENZA: PREVENTION AND CONTROL, 2005-2006

People 65 and older and children 6 to 23 months of age are at highest risk of complications from influenza infection and should receive an annual influenza vaccination.

All health care workers should receive an influenza vaccination to protect themselves, their families, and their patients.

Physicians can implement strategies that increase flu vaccine coverage in their practice.

Influenza causes approximately 36,000 deaths¹ and 226,000 hospitalizations² in the United States annually. Influenza deaths have increased substantially over the past 2 decades, due largely to the aging of the population. Each year more than 500,000 New Yorkers contract influenza. In 2003, influenza and pneumonia together caused nearly 2,700 deaths in New York City, and were the third leading cause of death. About 90% of these deaths were among persons age 65 and older.³

Health care providers can reduce illness and death from influenza and pneumonia by providing influenza and pneumococcal vaccine to **all** target population members (Table 1). Providers can play a vital role in raising vaccination coverage rates in New York City by implementing strategies in their practice to ensure that all persons needing vaccine are immunized.

Influenza Vaccine Availability

Four manufacturers are expected to provide influenza vaccine to the U.S. market during the 2005-2006 influenza season (Table 2). The final number of doses and the timing of vaccine distribution are not yet known. Because of the uncertainty of vaccine supply, those at highest risk for complications from influenza should be vaccinated first, followed by healthy individuals as per recommendations issued by the Centers for Disease Control and Prevention (CDC)⁴ or updates by the New York City Department of Health and Mental Hygiene (NYC DOHMH). Vaccination of the highest-risk groups should begin in October.

All persons who want to receive a flu vaccine should be able to be vaccinated this year. Last year, despite the vaccine shortage, influenza vaccine went unused. Vaccine recommendations will be updated throughout the flu season and will be

provided at www.nyc.gov/health/flu. Regular updates on flu activity and vaccine availability will also be available through our Health Alert Network (HAN) at www.nyc.gov/health/nycmed. To join the HAN, click on the link on the NYC MED home page and supply the requested information.

TABLE 1. KEY RECOMMENDATIONS⁵

Highest Risk Individuals Who Should Receive an Annual Influenza Vaccination Beginning in October

1. People age 65 and older.
2. All residents of nursing homes and other long-term care facilities.
3. All children age 6 to 23 months.
4. All people age 2 to 64 years with chronic medical conditions.
5. All pregnant women.
6. All out-of-home caregivers and household contacts of children under 6 months.
7. All health care personnel with direct patient care.

Once those who are most vulnerable to influenza infection have been vaccinated, and if there is an adequate supply of vaccine, the following groups are recommended to receive an annual flu shot:

- All people 50 to 64 years.
- All out-of-home caregivers and household contacts of high risk individuals.
- All health care personnel.

1. People age 50 years and older, especially those 65 and older.

People age 65 years and older.

- Elderly people are the highest priority for vaccination because they have the highest mortality rates from complications of influenza; about 90% of all flu-related deaths occur in people 65 and older.
- People 65 and older who are immunized against flu are hospitalized much less frequently – not only for influenza and pneumonia, but also for heart disease and stroke – and also appear to have a 50% lower risk of dying from all causes during the flu season.^{6,7}

People age 50 to 64 years.

- Up to one-third of individuals age 50 to 64 have underlying medical conditions that place them at high risk for complications from influenza.
- Age-based strategies are more successful at increasing vaccine coverage than strategies based on medical conditions.⁴

2. Residents and staff of nursing homes and other long-term care facilities.

- Vaccination of both residents and staff is critical to prevent dangerous outbreaks.
- Employee vaccination rates higher than 50% are associated with an estimated 40% decline in resident deaths.^{8,9}

3. Children age 6 to 23 months.

- Young children, especially those under 2 years of age, have the highest hospitalization rates for influenza and its complications — substantially higher, even, than healthy adults 65 years and older.^{10,11}

4. People age 2 to 64 years with chronic medical conditions.

- Heart or cardiovascular disease not including isolated hypertension.
- Pulmonary disorders, including emphysema and asthma.
- Chronic metabolic diseases, including all types of diabetes mellitus.
- Renal disease or dysfunction.
- Hemoglobinopathies (e.g., sickle cell disease, hemolytic anemia).
- Immunodeficiency caused by HIV infection or immunosuppressive therapy (e.g., radiation therapy, chemotherapy, and high-dose steroids).
- Persons with any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions, or that increase the risk for aspiration (*New ACIP recommendation for 2005-06*⁵).
- Children age 6 months through 18 years on long-term aspirin therapy. Because of the risk of Reye syndrome associated with salicylates, this group should be vaccinated.

5. All pregnant women (in all trimesters).

- Pregnant women are at increased risk for influenza-related complications and hospitalization.
- The risk of hospitalization is 4 times higher for women in the third trimester than for women 1–6 months post-partum.
- Inactivated influenza vaccine is not associated with adverse fetal effects, even when given in the first trimester.

6. Caregivers and household contacts of high-risk individuals, especially those who care for infants less than 6 months of age.

- Persons who are infected, even if asymptomatic, can transmit influenza to persons at high risk for complications from influenza.¹²
- Decreasing transmission of influenza from caregivers and household contacts to persons at highest risk is likely to reduce influenza-related deaths among persons at high risk.^{9,13}
- While infants under 6 months have very high influenza-related hospitalization rates, influenza vaccine is not approved for them. Vaccinating caregivers and household contacts is likely to protect these vulnerable infants.
- FluMist® (LAIV) can be administered to healthy caregivers and contacts.

7. All health care workers.

- Health care facilities should offer influenza vaccination to all eligible personnel, with particular emphasis on persons who provide care for members of high-risk groups.
- Vaccination should be provided for:
 - Employees of nursing homes, chronic-care facilities, assisted-living facilities and other residences, as well as home care attendants.
 - All staff in hospitals, outpatient settings, and emergency departments.
 - All physicians, nurses, and other health care workers.

Benefits of vaccinating health care staff:

- Vaccinated staff have lower rates of illness and are absent from work approximately 50% less than unvaccinated staff.^{14,15}
- Decreased deaths of residents in long-term care facilities.^{8,9}

To increase staff vaccination:

- Educate staff about influenza.
- Provide access to vaccination either within your practice or through direct referral to an immunization clinic.
- Dedicate an entire day or days to on-site employee vaccination, making vaccine available during all shifts and at all work locations, and during work time.
- Use incentives such as small gifts, raffles, or time off for those who receive vaccine.
- Assign a single staff person with accountability, and provide support for this person to track staff and patient vaccination rates in different parts of your facility.

All immunizations administered to people under 19 years of age must be reported to the Citywide Immunization Registry (CIR).¹⁶ Immunization administered to those older than 19 years may be reported with consent in the medical record. For information, call the CIR at (212) 676-2323.

Live Intranasal Influenza Vaccine (LAIV) is Encouraged For Use in Most Healthy Persons

FluMist®, a live attenuated intranasal influenza vaccine, was licensed in 2003 for use in healthy people age 5 to 49 years. It should be encouraged for healthy contacts of high-risk individuals, including caregivers and household contacts of infants under 6 months and health care workers.

FluMist® is not licensed for use in immunocompromised patients, those with chronic medical conditions, or pregnant women. LAIV may be administered to all healthy, non-pregnant health care workers under 50 years of age, except those in direct contact with severely immuno-

TABLE 2. INFLUENZA VACCINE MANUFACTURERS, FORMULATION, AND DOSAGE FOR THE 2005–2006 INFLUENZA SEASON

Manufacturer	Vaccine	Formulation	Age Indication
Sanofi Pasteur	Fluzone® trivalent inactivated influenza vaccine (TIV)	<ul style="list-style-type: none"> • Multidose vial • Single-dose prefilled 0.5 mL syringe or vial • Single-dose prefilled 0.25 mL syringe 	≥6 mos ≥36 mos 6–35 mos
Chiron	Fluvirin® TIV	<ul style="list-style-type: none"> • Multidose vial • Single-dose prefilled 0.5 mL syringe 	≥4 yrs ≥4 yrs
GlaxoSmithKline	Fluarix™ TIV	<ul style="list-style-type: none"> • Single-dose prefilled 0.5 mL syringe 	≥18 yrs
MedImmune	FluMist® live, attenuated influenza vaccine (LAIV)	<ul style="list-style-type: none"> • Single-dose nasal sprayer 	Healthy, non-pregnant persons age 5 – 49 yrs

TABLE 3. INACTIVATED INFLUENZA VACCINE DOSAGE, BY AGE⁵

	Dosage	Number of Doses*	Route
6–35 months	0.25 mL	1 or 2	IM
3–8 years	0.50 mL	1 or 2	IM
≥9 years	0.50 mL	1	IM

* Children under 9 years who have not been previously vaccinated require 2 doses of vaccine. Only one dose is needed if the child received influenza vaccine during a previous influenza season. If needed, the second dose should be administered at least one month after the first dose. (If there is a vaccine shortage, available vaccine should NOT be held in reserve to ensure that a second dose will be available.)

TABLE 4. INFLUENZA VACCINATION: CONTRAINDICATIONS AND ADVERSE EFFECTS**Contraindications**

- Known anaphylactic hypersensitivity to eggs or to other components of the vaccine.
- A history of a severe reaction to influenza vaccine.

Possible Adverse Effects

- Soreness at the injection site (15% – 20% of those vaccinated).¹⁷
- Fever and malaise (rare – usually in persons without prior exposure, such as young children).
- Allergic reactions (very rare).

suppressed patients (patients requiring protective isolation). Health care workers and contacts of other high-risk persons, including healthy contacts of immunosuppressed persons, can receive FluMist®.

Much of the available supply of FluMist® went unused last season. For more information, visit www.cdc.gov/flu/about/qa/nasalspray.htm.

Pneumococcal Polysaccharide Vaccine is Also Recommended¹⁸

Pneumococcal polysaccharide vaccine (PPV23) reduces the risk of bacterial complications of influenza infection. It is recommended for:

- All persons 65 and older
- Persons age 2-64 who have chronic illness, including:
 - Cardiovascular disease (e.g., congestive heart failure or cardiomyopathies)
 - Chronic pulmonary disease (e.g., COPD or emphysema, but not uncomplicated asthma)
 - Metabolic disease (e.g., diabetes mellitus)
 - Chronic liver disease (e.g., cirrhosis or alcoholism)
 - Cerebrospinal fluid leaks
 - Functional or anatomic asplenia (e.g., sickle cell disease or splenectomy)
 - Compromised immune systems (e.g., HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, or other conditions associated with immunosuppression such as organ or bone marrow transplantation)
- Persons receiving immunosuppressive chemotherapy, including long-term systemic corticosteroids

Physicians should vaccinate all eligible patients with PPV23. Generally, only one lifetime dose is needed. However, a single revaccination is recommended no sooner than 5 years after the first dose for immunocompromised patients and people over 65 who were vaccinated before age 65.

Treating Influenza^{5,19}

There are currently 4 licensed agents effective against influenza — amantadine, rimantadine, zanamivir, and oseltamivir. All 4 agents are pregnancy Category C (pregnancy and fetal risks are presently unknown and should be used only if potential benefits outweigh possible risks). Treatment with antiviral drugs for influenza is an adjunct to influenza vaccine for the prevention and control of influenza.

These agents are not a substitute for vaccination, and widespread use is normally discouraged to avoid unnecessary adverse effects and development of drug-resistant strains.

Antivirals given within 2 days of illness onset can reduce the duration of illness, but evidence for prevention of influenza-related complications is limited. In the absence of vaccination, antivirals may be indicated for use in groups with high influenza-related mortality. Antivirals remain an important strategy for controlling influenza outbreaks in institutions.

For detailed information on the use of antiviral agents in influenza treatment and prophylaxis, adverse effects, contraindications, and dosage (including adjustments for persons 65 years and older, with impaired renal function and/or liver disease, or with seizure disorders), visit www.cdc.gov/flu/professionals/treatment.

Reporting and Surveillance

The NYC DOHMH, along with many partners, intensively monitors influenza activity. Through our HAN, we provide regular updates throughout the season on levels of flu activity and vaccine availability to health care providers, hospitals, and nursing homes.

Hospitals and nursing homes must report all laboratory-confirmed nosocomial cases of influenza (not just outbreaks), as well as any increased incidence of influenza-like illness (temperature $\geq 100^{\circ}\text{F}$, with cough or sore throat, in the absence of another known disease).

Long-term care facilities experiencing a suspected or confirmed influenza outbreak must complete the Nosocomial Report Form DOH

4018 and fax it to the New York State Department of Health, Bureau of Communicable Disease Control, at (518) 474-7381. For a copy of the form, visit www.health.state.ny.us/nysdoh/infection/infecreport.pdf. The State Health Department will notify the NYC DOHMH. Questions about nosocomial influenza reporting can be directed to the New York City Influenza Surveillance Coordinator at (212) 442-9050.

In addition, providers should report suspected influenza-related deaths in children younger than 18 years to the Bureau of Communicable Disease at (212) 788-9830 during normal business hours. After hours, call the Poison Control Center at (212) 764-7667.

The best way to prevent influenza is with an annual flu shot, but everyone can take these simple and effective measures to prevent or limit the spread of flu:

- cover your cough/sneeze
- stay home if you're sick with fever and cough

To reduce the spread of infection in general during flu season and year-round:

- wash hands with soap and water or an alcohol-based solution

RESOURCES

NYC Department of Health and Mental Hygiene

- Provider Access Line: (866) 692-3641
After business hours: (212) 764-7667
- Health Alert Network (HAN):
www.nyc.gov/health/nycmed or (888) 692-6339
- E-mail questions to DOHMH: nycflu@health.nyc.gov
- Provider information:
nyc.gov/html/doh/html/imm/immpinfo.shtml

Other Organizations

- NYC Department for the Aging (schedule of vaccinations at 300 senior centers): www.nyc.gov/html/dfta/pdf/04-05calender.pdf
- Centers for Disease Control and Prevention: (800) 232-2522 or www.cdc.gov/flu/professionals/treatment
- Immunization Action Coalition: www.immunize.org

References Available Online: www.nyc.gov/html/doh/downloads/pdf/chi/chi24-6-ref.pdf

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October 2005 The New York City Department of Health and Mental Hygiene Vol. 24(6):35-38

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To contact the *City Health Information* Publications Unit,
email *City Health Information* at: nyc.dohrp@health.nyc.gov
Suggested citation: Zucker J, Palevsky S, Wake E, Nivin B, Freiden T.
Influenza: Prevention and Control, 2005-2006. *City Health Information*, 2005;24(6):35-38



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OFFICE-BASED STRATEGIES TO INCREASE INFLUENZA VACCINATION

As a result of last year's vaccine shortage, preliminary data indicate that influenza vaccine coverage among persons 65 and older in New York City decreased.²⁰ This was most likely a result of the lack of vaccine available in private physicians' offices – where approximately 80% of influenza shots are received. Despite the importance of vaccination, many offices do not have systems in place to identify and vaccinate all patients who should receive an annual influenza shot.

Prepare

- Be sure you and your staff receive influenza vaccination early in the season.
- Ensure staff know how to properly handle and store vaccine. For more information visit www.immunize.org/catg.d/p3035chk.pdf.
- Place labels or stickers on the charts of high-risk patients to identify them as needing flu shots.
- Use reminder/recall systems, such as mailed postcards or computerized record reminder systems.²¹
- Use standing orders in all large practices, ambulatory care centers, inpatient facilities, emergency departments, and long-term care facilities (for a sample template, visit www.nyc.gov/html/doh/downloads/pdf/imm/influenza-so2003.pdf).
- Expand access to influenza vaccine by offering additional services, such as walk-in clinics, express-lane vaccination services, or weekend and evening clinics.

Promote

- Get vaccinated yourself and tell your staff and patients to “Get your flu shot!”
- Physician recommendation increases coverage.²² **Flu vaccine is life saving** – offer vaccination as you would other critical treatment or medication.

Provide

- Give your patients health education materials about the importance of the influenza vaccine and also provide materials in your waiting room. Discuss the information with patients. For a list of materials, go to www.nyc.gov/html/doh/html/imm/flu-ptk5.shtml. These are available in bulk quantities by calling 311.
- Provide a Vaccine Information Statement (VIS) for patients to read before they are vaccinated. The VIS form is available in 21 different languages at www.immunize.org/VIS.
- Use “The Vaccine Administration Record for Adults” or a Preventive Services flow sheet to account for vaccines given in the office (form available at www.nyc.gov/html/doh/downloads/pdf/imm/imm-var.pdf).
- If your patients or staff refuse vaccine, have them sign a “Refusal to Receive Vaccination” form to let them know you are serious about the importance of influenza vaccine (refusal form template available at www.nyc.gov/html/doh/downloads/pdf/imm/immiv-refusal.pdf).

Progress

- Monitor how well your practice is doing. Simple methods, such as tracking yearly doses of flu vaccine administered, or quick chart reviews, can be helpful.
- Determine what percent of your eligible patients identified at the start of the flu season you have vaccinated. Improve this percentage season to season.

For additional recommendations and suggestions on improving influenza vaccine coverage in your office, visit www.nyc.gov/html/doh/html/imm/impinfo.shtml. Questions can also be directed to NYC DOHMH at: nycflu@health.nyc.gov.

BARRIERS TO INFLUENZA VACCINE COVERAGE AND SUGGESTED SOLUTIONS

Barrier	Suggested Solution
Many patients avoid flu shots because they believe that getting vaccinated can give them the flu or otherwise make them sick.	<ul style="list-style-type: none">• Educate patients about the safety and effectiveness of flu shots.• Emphasize that one cannot get the flu from the flu vaccine.
Clinicians are unfamiliar with all target populations recommended to receive vaccine.	<ul style="list-style-type: none">• Be sure you and your staff are familiar with all target populations to better identify patients in your practice who need vaccine.• Use easy pocket guides for reference. See www.immunize.org/influenza/pocketguide.pdf.• Post vaccination recommendations in a prominent location.
Time constraints during office visits.	<ul style="list-style-type: none">• Be sure vaccination information is readily available to patients in your practice.• Recommending flu vaccine to your patients is the best way to increase coverage.• Flu vaccine saves lives – recommend flu vaccine as you would other critical medication or treatment.
Not enough vaccine for all patients in practice.	<ul style="list-style-type: none">• Plan ahead – estimate the number of patients who have an indication for vaccination and order accordingly.• For more information about vaccine supply, visit: www.nyc.gov/health/flu.
No systematic tracking of high-risk patients.	<ul style="list-style-type: none">• Implement a technique to identify patients and flag their charts when vaccination is indicated.• For a template of chart stickers, visit www.nyc.gov/html/doh/downloads/pdf/imm/ptk-1-doublecheck.doc.• Set targets and monitor your progress.

CME Activity Influenza: Prevention and Control, 2005-2006

1. The following individuals or groups should receive the influenza vaccine each flu season

- A. All persons ≥ 50 years of age
- B. All persons at least 6 months of age with any chronic medical condition
- C. All children 6 months to two years of age
- D. All health care workers
- E. All persons who live with or care for high-risk individuals
- F. All of the above.

2. Because young children are at an increased risk of hospitalization for complications of influenza

- A. Influenza vaccine is recommended for all children < 6 months of age
- B. Influenza vaccine is recommended for all household contacts and out-of-home caregivers of children under 6 months of age
- C. Influenza vaccine is recommended for all children 6 – 23 months of age
- D. a and b
- E. b and c

3. Which of the following is a valid contraindication for influenza vaccine?

- A. Upper respiratory infection
- B. Pregnancy
- C. Concurrent administration of pneumococcal vaccine
- D. Anaphylactic reaction to egg
- E. Low-cholesterol diet
- F. All of the above

4. Which of the following is not an indication for pneumococcal polysaccharide vaccine?

- A. Diabetes mellitus
- B. Chronic liver disease (cirrhosis)
- C. Uncomplicated asthma
- D. HIV infection
- E. Cerebrospinal fluid leak

5. The live attenuated influenza vaccine

- A. Can be used instead of the flu shot for all individuals ≥65 years
- B. Is easy to administer to infants and toddlers
- C. Is licensed for use only in healthy individuals 5-49 years of age
- D. Is not indicated for health care workers

6. How well did this continuing education activity achieve its educational objectives?

- A. Very well
- B. Adequately
- C. Poorly

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Continuing Education Activity

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Instructions

Read this issue of *City Health Information* for the correct answers to questions. To receive continuing education credit, you must answer 4 of the first 5 questions correctly.

To Submit by Mail

1. Complete all information on the response card, including your name, degree, mailing address, telephone number, and e-mail address. PLEASE PRINT LEGIBLY.
2. Select your answers to the questions and check the corresponding boxes on the response card.
3. Return the response card (or a photocopy) postmarked **no later than October 15, 2006**. Mail to:

CME Administrator, NYC Dept. of Health and Mental Hygiene,
125 Worth Street, CN-29C, New York, NY 10213-2188.

To Submit Online

Visit www.nyc.gov/html/doh/html/chi/chi.shtml to complete this activity online. Your responses will be graded immediately, and you can print out your certificate.

**Continuing Education Activity
Influenza: Prevention and Control, 2005-2006**

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SEPTEMBER 2005 VOL. 24(6):35-38

Objectives

At the conclusion of the course, the participants should be able to:

1. Be able to describe indications for the use of flu vaccine.
2. Be able to list valid contraindications to the use of flu vaccine.
3. Be able to list targeted populations for pneumococcal polysaccharide vaccine (PPV23).

Accreditation

The DOHMH is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. This continuing medical education activity is designated for a maximum of 1.0 hour in Category One credit toward the AMA/PRA (Physician's Recognition Award). Each physician should claim only those hours of credit that were spent on the educational activity.

Participants are required to submit name, address, and professional degree. This information will be maintained in the Department's CME program data-

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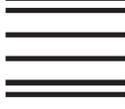
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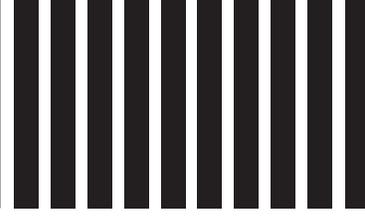
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